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## TCB February Monthly Meeting Minutes

February 11th, 2026

2:00 PM – 4:00 PM

LOB, ZOOM

Viewing Option [YouTube](#) or [CTN](#)

### Attendees:

Sen. Ceci Maher

Rep. Tammy  
Exum

Yvonne Palloto

Yann Poncin

Mickey Kramer

Christina Ghio

Alice Forrester

Howard  
Sovronsky

Tammy Venenga

Edith Boyle

Shari L. Shapiro

Jeanne Milstein

Kimberly Karanda

Michael  
Moravecek

Michael Powers

Lorna Thomas-  
Farquharson

Catherine Foley  
Geib

Nicole Taylor

Susan Hamilton

Melissa Santos

Michele Scott

Javeed Sukhera

Jeff Vanderploeg

Gerard  
O'Sullivan

Sarah Eagen

Angel Quiros

Lisa Morrissey

Melvette Hill

Andrea Goetz

Jody bishop

Rep. Toni Walker

Claudio Gualtieri

### TYJI Staff:

Erika  
Nowakowski

Emily  
Bohmbach

Ryan  
Connick

Stacey Olea

### Welcome and Introductions:

The Meeting was opened with a welcome to all attendees.

### Acceptance of TCB January Meeting Minutes:

A motion to accept the minutes from the January meeting was put forward, the motion carried and was approved.

### Administrative Updates:



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The meeting opened with welcoming remarks, acknowledging the earlier Community Voices summit and emphasizing the importance of grounding the work in lived experience. Tri-chairs highlighted the significance of the day's discussion as the group moved toward formal recommendations, underscoring the value of shared power and community partnership in advancing children's behavioral health. The TCB Senior Project Manager followed with a motion to approve the January meeting minutes, which were accepted.

Health Equity Solutions, the facilitators of the CVW Summit provided a recap of the Community Voices engagement process, outlining their framework for transformative community engagement rooted in power-sharing, trust, transparency, and mutual accountability. The facilitator reviewed the evolution of the CVW's work, including the October convening with Community Voices Workgroup members, and the recent session that brought together legislators, providers, state agencies, and community members. The session focused on partnership-building, centering the "why" behind the work, identifying indicators of success, and reinforcing the importance of authentic community voice in shaping policy decisions. TCB Tri-chairs reiterated their appreciation for the partnership and emphasized the ongoing commitment to ensuring families and individuals with lived experience remain central to decision-making.

The Senior Project Manager pivoted the conversation by presenting a draft of the 2026 annual agenda as a roadmap, with an emphasis on thematic continuity across meetings, expanded workshop opportunities, and alignment with awareness months such as Mental Health Awareness Month and Eating Disorder Awareness Week. Updates were also provided on multiple workgroup studies and subgroups, including the school-based health center (SBHC) study, school-based Medicaid billing review, behavioral health and special education subgroup, UCC private insurance review, crisis continuum marketing initiative, cross-agency data infrastructure efforts, and the Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS) Target Trial Emulation (TTE) study. The floor was then given to the Yale Child Study Center to present on the updated IICAPS TTE scope of work.

#### **IICAPS Update:**

A Yale Child Study Center member provided a presentation outlining the intent to evaluate outcomes, sustainability, duration, and cost-effectiveness using retrospective administrative data to inform long-term policy and funding decisions. The IICAPS speaker provided an overview of the IICAPS Target Trial Emulation (TTE) study, explaining that the initiative is TCB-driven and the result of cross-institutional collaboration. The TTE model is designed to simulate a randomized controlled trial using existing administrative data, allowing for rigorous evaluation without requiring new participant consent or disrupting families' lives.



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The presenter further elaborated that the study would examine whether Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS) reduce cross-system service utilization among youth who have experienced a recent psychiatric crisis. IICAPS is a statewide, intensive in-home model serving approximately 1,200 children annually in Connecticut. The standard model includes three sessions per week, totaling four to six hours weekly, over a six-month period. The evaluation will assess the program's impact on service intensity, duration, and overall system utilization, with the goal of informing policy decisions, strengthening sustainability, and potentially scaling the model.

The projected timeline includes approximately seven months to build the data infrastructure, complete data use agreements, and obtain IRB approval, followed by a second year focused on data analysis, with the possibility of a third-year extension. The study is necessary for IICAPS to meet federal evidence-based standards, which would support enhanced funding and reimbursement opportunities. Although IICAPS currently submits quarterly quality assurance data, this evaluation would elevate the model to clearing house-recognized evidence-based status.

Members raised several key considerations, including examining outcomes for youth with intellectual and developmental disabilities (ID/DD), assessing the feasibility of shorter or longer service durations, addressing waitlist pressures, and evaluating the sustainability of gains beyond program completion. The study will analyze diagnostic clusters, neurodevelopmental profiles, geographic variation, and social determinants of health. It will also include a longitudinal component examining outcomes one year prior to and one year following IICAPS participation, along with a cost analysis comparing system utilization between youth who received IICAPS and matched peers who did not.

Discussion emphasized the importance of understanding how IICAPS fits within the broader behavioral health continuum, including its relationship to Psychiatric Residential Treatment Facilities (PRTFs). Members highlighted the need to prevent the "hospital merry-go-round" that can occur when intensive services end without adequate step-down supports. Ultimately, the study aims to generate actionable, system-level recommendations while recognizing that broader structural changes may be necessary to improve continuity of care and long-term outcomes.

#### **Membership Vote:**

The agenda was adjusted to prioritize voting on recommendations while quorum was maintained. A formal roll call confirmed quorum with 32 members present, allowing the committee to proceed with legislative and policy action items.



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The TCB staff revisited previously introduced recommendations. One proposal related to cross-agency data sharing will remain within the TCB work plan under the Infrastructure Workgroup and was not put forward as a legislative recommendation. Two recommendations were brought forward for formal consideration: (1) a set of recommendations addressing disordered eating, and (2) a proposal to develop a Psychiatric Residential Treatment Facility (PRTF) model to better serve youth with intellectual and developmental disabilities (ID/DD).

Prior to voting, members engaged in thoughtful discussion highlighting both systemic challenges and lived experiences that underscore the urgency of these recommendations. In support of the PRTF proposal, members described persistent barriers faced by youth with co-occurring behavioral health conditions and ID/DD, including extended emergency department stays and limited access to appropriate residential placements. Concerns were raised about youth being denied admission to existing facilities due to diagnostic complexity, as well as the need for intentional program design to ensure the model appropriately addresses clinical and developmental needs. Members also emphasized the importance of cross-agency coordination, payer inclusiveness, and strong oversight to ensure accessibility and sustainability.

Discussion around disordered eating recommendations centered on prevention, early identification, and system alignment. Members emphasized that eating disorders often go undetected until symptoms become medically acute, underscoring the importance of earlier screening, improved public awareness, and better training for professionals who interact with youth in schools, primary care, and community settings. Members reflected on the lived experiences that initially brought this issue forward, highlighting how gaps in the system can lead to escalation of risks, and out of state placements when appropriate services unavailable locally. The conversation reinforced the need to center parent and youth voices in shaping policy responses, ensuring that recommendations reflect real world challenges, stigma concerns, and insurance barriers that families face. Eating disorders were recognized as among the most life-threatening behavioral health conditions affecting children and adolescents, further strengthening the case for a coordinated statewide approach. Members discussed the value of formalizing a workgroup to guide prevention strategies, identify service gaps, as well as the importance of incorporating disordered eating questions into existing state health surveys to improve data collection. Enhanced data would support more informed policy making, help quantify prevalence trends, and ensure that future investments are guided by evidence rather than a narrative.

TCB staff introduced one out of the two disordered eating recommendations. The first recommendation, *The Transforming Children's Behavioral Health Policy and Planning Committee recommends that the Commission on Women, Children, Seniors, Equity and Opportunity establish an Eating Disorder Workgroup and a Holistic Food Education Workgroup to develop a statewide eating-disorder treatment registry and consider facility standards.* The



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second recommendation, *The Transforming Children's Behavioral Health Policy and Planning Committee recommends, within appropriations, a question on disordered eating behaviors being incorporated into the behavioral health section of the Department of Public Health's Connecticut School Health Survey.*

These recommendations passed unanimously with 28 affirmative votes.

The TCB then voted on the second set of recommendations, *The Transforming Children's Behavioral Health Policy and Planning Committee recommends that the Department of Social Services works in collaboration with the Department of Children and Families, Department of Developmental Services, and the Department of Mental Health, Department of Public Health and Addiction Services to develop a Request for Proposal to create a 10-bed Psychiatric Residential Treatment Facility (PRTF) aimed to serve children and youth aged 14 to 21 with intellectual and/or Developmental Disabilities. An assessment will be undertaken to determine whether current agency appropriations can support the RFP, and ongoing treatment services for the PRTF which will be billable under Medicaid.*

This recommendation also passed unanimously with 27 affirmative votes.

### **CT Children's Behavioral Health Provider Survey Updates:**

The Innovations Institute provided an update on the statewide Children's Behavioral Health Services Survey, conducted in partnership with the Services Workgroup to better understand Connecticut's behavioral health continuum for children and youth ages 0–18. The survey aimed to identify what services currently exist across prevention, early intervention, treatment, substance use, and developmental disability supports, as well as where services are delivered, who they serve, and what barriers providers face. Administered between July and October, the survey yielded 146 sufficiently complete responses representing a range of service settings, including community-based clinics, residential programs, school-based health centers, home-based services, and virtual providers.

To ensure a comprehensive analysis, the team concurrently developed a statewide inventory of service sites by cross-referencing provider lists from multiple state agencies and partner organizations. This process allows findings to be contextualized against the broader service landscape and helps determine how representative the responses are statewide. Preliminary analysis indicates regional variability in service availability and capacity, with providers consistently reporting workforce shortages, reimbursement challenges, administrative burden, and waitlist pressures. Open-ended responses further highlighted unmet needs among youth with co-occurring conditions, developmental disabilities, and families requiring culturally responsive support.



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Survey data are being incorporated into a visualization platform to allow for more detailed review by service type, geography, and level of care. The final report, anticipated in late spring, will synthesize quantitative and qualitative findings to identify strengths, gaps, and system-level pressure points. The goal is to inform future planning, policy development, and strategic investments to strengthen Connecticut's children's behavioral health system.

The next monthly meeting is on **March 4<sup>th</sup>, at the LOB at 2:00 PM with a Zoom option.**